

SERFF Tracking Number:	LSVX-125706125	State:	Arkansas
Filing Company:	USAbLe Life	State Tracking Number:	39375
Company Tracking Number:	GLFAR0002101F01		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	AR Public School Group Application, APSG-RET		
Project Name/Number:	Group Applications/GLFAR0002101F01		

## Filing at a Glance

Company: USAbLe Life	SERFF Tr Num: LSVX-125706125	State: ArkansasLH
Product Name: AR Public School Group Application, APSG-RET		
TOI: L04G Group Life - Term	SERFF Status: Closed	State Tr Num: 39375
Sub-TOI: L04G.500 Other	Co Tr Num: GLFAR0002101F01	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: SPI Life and Specialty Ventures	Disposition Date: 06/24/2008
	Date Submitted: 06/23/2008	Disposition Status: Approved
Implementation Date Requested: 06/23/2008		Implementation Date:
State Filing Description:		

## General Information

Project Name: Group Applications	Status of Filing in Domicile:
Project Number: GLFAR0002101F01	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 06/24/2008	
State Status Changed: 06/24/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We have revised the application that could be used with our Group Life product in the Arkansas Public School Employees Group. This application will replace the form APSG-RET (6-05). This application is used with the Arkansas Public School Employees Policy, GPOL-APSG (10-05) and certificate, GCRT-APSG (10-05).

I hereby certify that to the best of my knowledge the form submitted is in compliance in all respects with the provisions of the insurance laws, rules and regulations of the State of Arkansas, and the form contains no provisions previously

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disapproved by the Department.

## Company and Contact

### Filing Contact Information

Leslie Thomas, Senior Compliance Analyst lthomas@usablelife.com  
 320 West Capitol Avenue (501) 212-8874 [Phone]  
 Little Rock, AR 72201 (501) 378-3333[FAX]

### Filing Company Information

USAbLe Life CoCode: 94358 State of Domicile: Arkansas  
 PO Box 1650 Group Code: 876 Company Type: Life & Health  
 Little Rock, AR 72203-1650 Group Name: Life and Speciality State ID Number:  
 Ventures (LSV)  
 (501) 375-7200 ext. [Phone] FEIN Number: 71-0505232

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: 862-10-04-302-99  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAbLe Life	\$20.00	06/23/2008	21036773

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/24/2008	06/24/2008

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## **Disposition**

Disposition Date: 06/24/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>LSVX-125706125</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Certification/Notice		No
<b>Supporting Document</b>	AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT		Yes
<b>Form</b>	Arkansas Public School Retiree Application & Change Form		Yes

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## Form Schedule

**Lead Form Number:** APSG-RET (6-08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	APSG-RET (6-08)	Application/ Enrollment Form	Arkansas Public School Retiree Application & Change Form	Initial		40	APSG-RET (6-08).PDF

**ARKANSAS PUBLIC SCHOOL  
RETIREE LIFE INSURANCE PROGRAM**

**LIFE INSURANCE APPLICATION AND CHANGE FORM**

For Office Use Only		
Class	Dep	SIC
Eff. Date		
Group #		

☐ New Applicant    ☐ Benefit Change    ☐ Name Change    ☐ Beneficiary Change

**APPLICANT INFORMATION**

Employee Name (Last, First, M.I.)		Date of Birth		Social Security #	
Street Address		City		State	Zip
Annual Salary at Retirement	Were you a Certified or Classified Employee?	Is retirement due to disability?	Agency/School District Name		
		Yes <input type="radio"/> No <input type="radio"/>			
Date of Hire	Date of Retirement	Home Phone #		Work Phone #	

**RETIREE LIFE SELECTION**

Please enroll me for the following Retiree Life Insurance Coverage

Retiree Insurance Amount	Monthly Premiums	Select One	Retiree Insurance Amount	Monthly Premiums	Select One
\$ 4,000	\$10.32	<input type="checkbox"/>	\$16,500	\$42.57	<input type="checkbox"/>
\$ 5,000	\$12.90	<input type="checkbox"/>	\$17,500	\$45.15	<input type="checkbox"/>
\$ 7,500	\$19.35	<input type="checkbox"/>	\$19,000	\$49.02	<input type="checkbox"/>
\$ 9,000	\$23.22	<input type="checkbox"/>	\$21,500	\$55.47	<input type="checkbox"/>
\$10,000	\$25.80	<input type="checkbox"/>	\$24,000	\$61.92	<input type="checkbox"/>
\$11,500	\$29.67	<input type="checkbox"/>	\$29,000	\$74.82	<input type="checkbox"/>
\$12,500	\$32.25	<input type="checkbox"/>	\$34,000	\$87.72	<input type="checkbox"/>
\$14,000	\$36.12	<input type="checkbox"/>	\$39,000	\$100.62	<input type="checkbox"/>
\$15,000	\$38.70	<input type="checkbox"/>			

**RETIREE LIFE  
BENEFICIARY DESIGNATION FOR BENEFITS**

**This will revoke any existing beneficiary designation you may have under basic and supplemental life benefits.**

Name (Last, First, MI)	Date of Birth	Social Security #	Relationship	Primary/Contingent
				<input type="radio"/> Primary or <input type="radio"/> Contingent
				<input type="radio"/> Primary or <input type="radio"/> Contingent
				<input type="radio"/> Primary or <input type="radio"/> Contingent

I represent that the information provided on this application is true, complete and correctly recorded. I hereby designate the above beneficiary(ies) under this certificate and revoke the appointment of any existing beneficiary. In applying for insurance, I authorize the Teacher Retirement System or the Public Employee Retirement System (whichever is applicable) to make payroll deductions to cover my life insurance. This application must be received within 31 days of the date of retirement or coverage will terminate on the effective date of your retirement or the last date through which premiums were paid.

I hereby authorize any provider of medical services or supplies to make available to USable Life, its agents or any of its subsidiaries, any and all medical records pertaining to me.

**Insurance Fraud Warning** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

**DATE OF  
APPLICATION**

**MONTH/DAY/YEAR**

**EMPLOYEE'S SIGNATURE**

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<i>Project Name/Number:</i>	<i>Group Applications/GLFAR0002101F01</i>		

## **Rate Information**

Rate data does NOT apply to filing.



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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Application

06/23/2008

**Comments:**

Attached on the forms tab.

### Review Status:

**Satisfied -Name:** AR - NAIC TRANSMITTAL DOC,  
AR - NAIC FORM FILING  
ATTACHMENT

06/23/2008

**Comments:**

NAIC Transmittal forms

**Attachments:**

AR - NAIC TRANSMITTAL DOC.PDF

AR - NAIC FORM FILING ATTACHMENT.PDF

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	USable Life PO Box 1650 Little Rock AR 72203-1650	AR	Life & Disability	876	94358	71- 0505232	

<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>	<b>E-mail Address</b>
	Leslie M. Thomas, AIRC, ACP 320 West Capitol Avenue, Suite 700 Little Rock AR 72201	800-648-0271 Ext. 28874	501-378-3333	lthomas@usablelife.com

<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6.</b>	<b>Company Tracking Number</b>	GLFAR0002101F01
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<b>7.</b>	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission    Previous file # _____
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<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise				
		<table> <tr> <td rowspan="3">Group</td> <td><input type="checkbox"/> Small    <input type="checkbox"/> Large    <input checked="" type="checkbox"/> Small and Large</td> </tr> <tr> <td><input checked="" type="checkbox"/> Employer    <input type="checkbox"/> Association    <input type="checkbox"/> Blanket</td> </tr> <tr> <td><input type="checkbox"/> Discretionary    <input type="checkbox"/> Trust</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large	<input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket	<input type="checkbox"/> Discretionary <input type="checkbox"/> Trust
Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large					
	<input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket					
	<input type="checkbox"/> Discretionary <input type="checkbox"/> Trust					
<input type="checkbox"/> Other: _____						

<b>9.</b>	<b>Type of Insurance</b>	L04G Group Life - Term
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<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	L04G.500 Other
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<b>11.</b>	<b>Submitted Documents</b>	<input checked="" type="checkbox"/> <b><u>FORMS</u></b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____
		<input type="checkbox"/> <b><u>RATES</u></b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
		<input type="checkbox"/> <b><u>FILING OTHER THAN FORM OR RATE:</u></b> Please explain: _____
		<b><u>SUPPORTING DOCUMENTATION</u></b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____

<b>12.</b>	<b>Filing Submission Date</b>	6/23/08
<b>13.</b>	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
<b>14.</b>	<b>Date of Domiciliary Approval</b>	
<b>15.</b>	<b>Filing Description:</b>	
	<p>We have revised the application that could be used with our Group Life product in the Arkansas Public School Employees Group. This application will replace the form APSG-RET (6-05). This application is used with the Arkansas Public School Employees Policy, GPOL-APSG (10-05) and certificate, GCRT-APSG (10-05).</p> <p>I hereby certify that to the best of my knowledge the form submitted is in compliance in all respects with the provisions of the insurance laws, rules and regulations of the State of Arkansas, and the form contains no provisions previously disapproved by the Department.</p>	

<b>16.</b>	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
Print Name <u>Leslie M. Thomas, AIRC, ACP</u>		Title <u>Senior Compliance Analyst</u>
Signature 		Date <u>6/23/08</u>

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		GLFAR0002101F01
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Arkansas Public School Retiree Application & Change Form	APSG-RET (6-08)	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	APSG-RET (6-05)
02			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	